

# The State of New Hampshire

\_\_\_\_\_ COUNTY

PROBATE COURT

IN RE: \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

## APPEARANCE or WITHDRAWAL

Complete this form for either an appearance or a withdrawal.

<p style="text-align: center;"><b>APPEARANCE</b></p> <p>Please enter my appearance as:</p> <p>Attorney for _____ Enter name(s) of party(ies) you represent.</p> <hr/> <p>Pro se (appearing for one's self)</p> <p>Check the capacity of pro se party or party represented by attorney:</p> <p>fiduciary creditor heir beneficiary/legatee other _____</p>	<p style="text-align: center;"><b>MOTION FOR WITHDRAWAL</b> (attorney only)</p> <p>Please withdraw my appearance as:</p> <p>Attorney for _____ Enter name(s) of party(ies) you represent.</p> <p>Reason for withdrawal: _____</p> <hr/> <p style="text-align: center;"><b>WITHDRAWAL</b> (other than attorney)</p> <p>Please withdraw my appearance in my capacity as:</p> <p>fiduciary creditor heir beneficiary/legatee other _____</p>
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PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION. ALL NOTICES FROM THE COURT WILL BE SENT TO THE ATTORNEY OR PRO SE PARTY NAMED BELOW.

Attorney or pro se name \_\_\_\_\_

Name of law firm (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone number \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

## ORDER

☐ Motion for withdrawal granted.

☐ Motion for withdrawal denied.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge